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Nonresident Withholding Remittance Statement

592-A

To be filed by the withholding agent. See separate instructions for Forms 592, 592-A, and 592-B.

Withholding agent													Preparer (if other than withholding agent)												
Social security no.													Social security no. or PTIN												
<input type="checkbox"/> California corp. no. <input type="checkbox"/> FEIN													<input type="checkbox"/> California corp. no. <input type="checkbox"/> FEIN												
Name of withholding agent													Name of preparer												
Address (number and street)								PMB no.					Address (number and street)								PMB no.				
City				State				ZIP Code					City				State				ZIP Code				
Contact person								Daytime telephone number					Contact person								Daytime telephone number				
								()													()				
Contact person's email address													Contact person's email address												

1	Amount of independent contractor withholding	1	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
2	Amount of rent or royalty withholding	2	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
3	Amount of estate withholding	3	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
4	Amount of trust withholding	4	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
5	Amount of foreign partner or member withholding for taxable year beginning _____ and ending _____ MONTH / DAY / YEAR MONTH / DAY / YEAR	5	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
6	Amount of domestic (nonforeign) nonresident partner or member withholding. See instructions	6	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
7	Amount of other withholding _____ (describe)	7	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
8	Amount of interest due	8	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
9	Total amount of this payment. Add line 1 through line 8	9	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								

Attach a check or money order for the full amount, payable to "Franchise Tax Board." Write the taxpayer's social security number, partnership's or limited liability company's FEIN and "Form 592-A" on the check or money order.

Mail Form 592-A and payment to the **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**

Installment payment worksheet for Revenue & Taxation Code Section 18666

tax for a foreign partner or member

Complete only if the partnership or limited liability company (LLC) has foreign partners or members.

Caution: Complete column (a) before going to the next column.

	(a) 1st Installment	(b) 2nd Installment	(c) 3rd Installment	(d) 4th Installment
		First 3 months	First 6 months	First 9 months
1 Enter the partnership's or LLC's California source taxable income for each period				
2 Annualization amounts		4	2	1.33333
3 Multiply line 1 by line 2				
	First 3 months	First 5 months	First 8 months	First 11 months
4 Enter the partnership's or LLC's California source taxable income for each period				
5 Annualization amounts	4	2.4	1.5	1.09091
6 Multiply line 4 by line 5				
7 Annualized California source taxable income. In column (a), enter the amount from line 6, column (a). In columns (b), (c), and (d) enter the smaller of the amounts from line 3 or line 6 in each column				
8 Foreign partner's or member's share of line 7 (annualized California source taxable income)				
9 Multiply line 8 by maximum tax rate				
10 Applicable percentage	23.75%	47.5%	71.25%	95%
11 Multiply line 9 by the percentage on line 10				
12 (a)	zero			
(b) Enter the amount from line 13, column (a)				
(c) Enter the sum of line 13, column (a) and line 13, column (b)				
(d) Enter the sum of line 13, column (a) and line 13, column (b) and line 13, column (c)				
13 Installment payments of withholding tax due for foreign partners or members. Subtract line 12 from line 11. If less than zero, enter -0-				